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THE RHODE ISLAND MEDICAL JOURNAL



Owned and Published by the Rhode Island Medical Society. Issued Monthly

VOLUME III
NUMBER 7

Whole No. 130

PROVIDENCE, R. I., JULY, 1920

PER YEAR \$2.00
SINGLE COPY 25 CENTS

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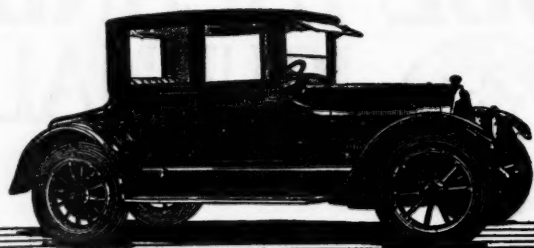
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A REVIEW OF THE GOITRE SITUATION.*

By M. JAMES SHAUGHNESSY, M. D.,
Framingham, Mass.

The thyroid gland has been the subject for study for over a century dating back to the time of Morgagni and Parry, but it was not until Graves, in 1835, and Basedow, in 1849, contributed the results of their observations to the literature of their day that general attention was directed to the serious disturbance in the organic life of the individual which disease of this organ produces. Still later in the nineteenth century the names of Graefe, Stellwag and Moebius appear, contributing in turn observations still associated with their names. Numerous other names might be mentioned among the Europeans, but when we think of surgery of the thyroid the famous Swiss surgeon, Kocher, stands out pre-eminently as having brought to a high degree of perfection the technique of modern operations in this field. In this country C. H. Mayo, Crile, Ochsner and Halsted have done by far the most important work. With the exception of Kocher, Mayo has done more to advance surgery of the thyroid than any other man and in conjunction with the staff of the Mayo Clinic has contributed much of our present knowledge of goitres and the complex disturbances associated with disease of the thyroid.

Goitres are found in all parts of the country. There are certain sections where they are very prevalent, an instance of which is southern Minnesota, where I spent the past ten years. There the word goitre was almost a household word and we had occasion to observe goitres of every type and to try almost any form of treatment. Little or no attention was paid to them unless the growth was showing marked enlargement, or was unsightly, or toxic symptoms were appearing. The female portion of the population is most affected. It was common for me to

observe practically every female member of many families showing enlarged thyroids. They seemed to be more common in the rural communities. The time of life when they most commonly begin is from 15 to 40 years of age, some of course occurring earlier and some later. It is not uncommon to see quite young girls with goitres appearing after seven or eight years of age and I have seen quite a few new-born babies with fairly sizeable enlargements.

The cause has never been determined but it has always seemed to me the chemistry of the water-supply and of the soil had much to do with it. Some research work has been done along this line and some have written quite interesting reports in regard to this theory. McCarrison believes that it is due to an infection entering through the bowel and Lane believes that intestinal stasis is the cause.

The function of the thyroid is to produce an internal secretion, the nature of which is unknown, but absolutely essential to the normal physiologic processes of the body. This secretion provides a hormone necessary to the metabolic activity of the cell. If there occurs a departure from normal in the production of this hormone, there is likewise a departure from normal in cell metabolism. Sustained excessive production results in hyperthyroidism; sustained diminished production or absence of the hormone results in hypothyroidism, usually referred to as myxoedema and cretinism.

The thyroid under normal conditions carries on its function in an inactive or latent manner. There appears to be provided by nature far more thyroid tissue than is needed for normal metabolism, hence the gland is seldom called on for maximum output. That there are fluctuations in gland activity within normal limits is a matter of common observation. During certain physiologic stages in the sexual life of the female the gland may take on increased activity recognized as normal, for example, at the time of puberty, during pregnancy, and at the meno-

*Read before St. Joseph's Hospital Staff Association, March 24, 1920.

pause. After a time many of these enlargements recede and disappear altogether. Some of them, however, especially in pregnant women, remain permanently as a goitre. I have seen goitres in pregnant women enlarged to such an extent as to considerably embarrass respiration and be a source of much annoyance at the time of labor, but after the child-birth the gland recedes, the goitre becomes much smaller and breathing becomes smooth and easy.

While it is beyond question that activity of the thyroid seems to stir up an activity of the body in general, this seems to be especially true of the other organs of internal secretion. The thyroid seems to act as a stimulant, or as a stabilizer, or perhaps as a neutralizer of the activity of the other glands. Cannon has done considerable work along this line showing an intimate relation between the thyroid and the adrenals, which when induced to a hyperactive state produce in turn a train of effects of their own.

Kendall spent months of work in an effort to segregate this thyroid hormone, finally obtaining a substance in crystalline form which he at first called alpha-iodin but now has given to it the name thyroxin. This substance when administered to myxoedema cases and cretins produces marked improvement in all symptoms. If on the other hand it is administered to normal animals it produces typical symptoms of thyrotoxicosis. The effect of these administrations is latent. There is first noted an increased metabolism as shown by an increase in the carbon dioxide output and increase in the nitrogen elimination. Then there follows increase in pulse rate, increased blood pressure, nervous irritability with tremor, an increased appetite followed later by nausea and diarrhoea, and loss of weight. If the administrations are kept up death eventually follows. An enormous single dose of thyroxin is not poisonous and produces no demonstrable result, passing out of the system without doing any harm. It is the small continued dose that produces the effects of a highly increased metabolism, a typical picture of hyperthyroidism.

The experiments of Kendall show that death results from the secondary effects of thyroxin, also that entire absence of thyroxin is not incompatible with life. If it is absent as in the

myxoedema patient the flexibility of energy output is limited to a narrow range. Their usual existence is at a rate 40% below normal. On the other hand Plummer has shown that hyperthyroid patients show a rate about 69% above normal and when the superior thyroid arteries have been ligated a rate about 35% above normal.

The thyroid is a tubular retiform gland and is derived from the branchial clefts and an evagination of the pharynx at the site of the forament caecum. It shows on cross section acini lined by columnar epithelium. Into these acini is secreted the colloid. The acini are held together by connective-tissue richly infiltrated with blood-vessels, lymphatics and nerve branches.

Now in goitre something acts as a stimulus to the gland which we may assume is a demand of the body for more thyroid secretion. When this demand arises from normal physiologic causes above the average the tendency is to the development of colloid and adenomatous goitre. If there is a hypersecretion of colloid without increase in the size of the individual cell, colloid or cystic goitre results. If there is an increase in the number of acini and especially those of the fetal type, adenoma results.

If the stimulation is excessive and there results increase in the size of the cell (hypertrophy) or an increase in the number of cells to each acinus (hyperplasia), then we get an increase in secretion of the thyroid hormone, in a thin and more readily absorbable colloid which if maintained over sufficient period of time results in hyperthyroidism.

Goitres are often classified as simple and toxic. Simple goitres include cystic and adenomatous. But not all toxic goitres are exophthalmic. Toxic symptoms may appear as a result of any type of goitre. Plummer recognizes a type of hyperthyroidism which is definitely toxic but does not show a true hyperplasia of the gland substance and to this he gives the name toxic non-exophthalmic to distinguish it from true exophthalmic which does show a true hyperplasia.

The classification of goitres may be grouped under the following headings, apart from the various infections common to other organs:

1. Cystic.

2. Adenoma.
3. Toxic non-exophthalmic.
4. Exophthalmic.

Malignancy involves the thyroid far more than is sometimes supposed. Bouman in a recent article has laid great stress on this point and cites a report of Kocher in 1907 stating that of 4500 operated goitres he found 400 cases of malignancy. Judd reports five cases of sarcoma and 105 of carcinoma from 1905 to 1916. Eight leading surgeons in St. Paul and Minneapolis report 22 cases in five years.

Cystic and adenomatous goitres may appear from the 15th to the 18th years, are prone to give evidence of excessive function from the 17th to the 21st years, enlarge with the high metabolism of pregnancy and may give rise to a damaged heart from the 35th to the 40th years. They predispose but slightly to exophthalmic goitre. Generally speaking the cystic goitre produces no general symptoms. The effect is purely local such as pressure on the trachea, pressure on the recurrent laryngeal nerves causing paralysis of the vocal cords with altered voice sounds, shortness of breath and wheezing, troublesome cough, and unsightliness especially in women. Surgery offers the only means of relief in cystic goitres because the disturbance which they produce is purely mechanical. The size of the goitre offers no special difficulty in its removal.

Adenomata appearing in young girls soon after puberty are often spoken of as goitres of adolescence. They are generalized enlargements of the entire gland although sometimes show enlargement of only one lobe. The course of these varies, many of them disappearing sometime between the ages of 20 and 23. For this reason it is not considered advisable as a rule to operate on cases in this class. This does not always hold true, however, for some of them show toxic symptoms, not true exophthalmic, but still producing quite serious physical and nervous disturbance. Symptomatic treatment frequently is sufficient to alleviate this toxic condition, but sometimes operation becomes necessary for their relief. All of them should be placed under medical treatment for a while to demonstrate that physical rest and relief from mental and nervous strain is not all that is required. They respond readily and improve with the adminis-

tration of iodine and this is about the only class where this holds true.

Cases of hyperthyroidism, as said before, are divided into toxic, non-exophthalmic and true exophthalmic. In the former there is an increased parenchyma by means of regeneration in a atrophic parenchyma or the formation of a new parenchyma of the fetal type. In the latter there is an increased amount of functioning parenchyma, a true hyperplasia associated with an increased absorption (Wilson).

Clinical evidence of this toxic non-exophthalmic group is based on these points which I will briefly point out. First, these cases have their goitre earlier and their toxic symptoms after some years, statistically shown by Plummer to appear on an average at 22 with toxic symptoms coming on at 36.5 years. The corresponding ages for exophthalmic cases being 32 and toxic symptoms at 32.9 years. Secondly, there appears to be a selective action of the toxin for the cardio-vascular system with less obvious nervous symptoms, producing marked myocardial changes, even more so than in true exophthalmic, and resembles quite strikingly the changes associated with chronic alcoholism. Thirdly, there appears to be a continued poisoning without remissions differing from the exacerbations and remissions of exophthalmic type, and leading persistently to permanent damage to the organs most affected.

Exophthalmic Goitre—Parry's disease, Grave's disease, Basedow's disease—this is by far the commonest of the toxic goitres. It has been before the medical world for a century or more. The literature on it is voluminous. Even then no great advance, no really definite and positive line of action was brought to bear against the disease until surgery in this field developed a line of procedure which showed results. Our knowledge as to its cause is still meagre and indefinite. Theories are numerous. Crile holds that it is a disease of the motor mechanism that causes physical action and expresses the emotions; that there is some stimulating emotion intensely and repeatedly given or some lowering of the threshold of the nerve receptors, thus establishing a pathological interaction between the brain and thyroid. On the contrary, it is held by most men that in its hyperactive state

the gland secretes a substance which fails to neutralize the products of metabolism.

Pathologically, it has been definitely established,—and this seems to be all that has been established,—that in all exophthalmic goitres there is a true hyperplasia in the gland. Unless this is present the toxicosis is not exophthalmic even though toxicity accompanies the existence of a goitre.

The clinical manifestations of the disease show a wide variation as to their nature and intensity. It makes quite a difference how long the disease has been in progress, how seriously some of the organs are affected, how acute or how chronic the symptoms appear to be, whether this is the first exacerbation or one following remissions. Nervous irritability, such as restlessness, inability to sit still during an office consultation, a warm flushed appearance of the skin, mental depression and discouragement, tremor, increased pulse rate, are early evident symptoms. At first there may be increased appetite followed later by diarrhoea and vomiting. They lose weight and show fatigue very plainly. Prominence of the eyes,—exophthalmos,—is sometimes present, frequently not. The thyroid may or may not be enlarged as far as one can see, and even on palpation it is not always easy to say that it is enlarged. One of the most toxic cases I ever saw had no noticeable enlargement, yet a fairly well marked exophthalmos; was running a pulse of 140 in bed, and retaining nothing by mouth.

The most constant signs, it seems to me, are mental and nervous irritability and increased pulse rate in one who gives a history of loss of weight and who has a warm flushed appearance of the skin. Such a case would be sufficient for me to make a presumptive diagnosis of exophthalmic goitre with or without enlargement of the thyroid, with or without exophthalmos. Some look for a thrill over the superior thyroid arteries and over the substance of the gland. Metabolism tests are now being made and will be the routine procedure of the future in the diagnosis of this disease and as an aid in determining the degree of toxicity.

The prognosis and treatment of these cases can not be determined by off-hand opinions. Judgment in handling them comes only after watching the outcome of a large series treated

both medically and surgically, and a sense of discrimination between what ought to be done and what the patient can stand. Surgical disasters follow precipitate haste. Lost opportunity follows needlessly extended medical treatment.

The question arises then as to what to advise in a given case. It should be borne in mind that these cases do not require immediate operation, that it is practically never necessary to make emergencies out of them. They can all wait and it is better that they do wait until it has been determined where the case stands—i. e., thinking of the symptoms as ascending and descending curves of a diagrammatic chart, whether they are increasing and approaching the peak, whether they are bad and stationary, or whether they are on the decline. If they are approaching the peak, radical surgery is certainly not to be advised. The case should be placed under medical care, enjoining absolute physical and mental rest as far as possible.

The extent of the nervous and mental symptoms is a valuable prognostic guide as is, of course, the condition of the heart muscle. Severe mental and nervous disturbance is evidence of a severe toxic condition. The degree of myocardial degeneration will depend upon the duration and severity of symptoms, but generally speaking irreparable damage comes only after several years of exacerbation and remissions. Fatal results sometimes follow rapidly after onset in a few months but as a rule it is a much slower affair showing its fatal termination in the form of failing heart muscle.

The time to select for operation is the period when the symptoms are on the decline. Medical treatment consists mainly in rest and relief of such symptoms as arise, using digitalis as indicated, also the bromides or neutral bromide of quinine, which has some advocates and which is of some value. Hot water injections into the substance of the gland is used in bad cases to cause an abatement of symptoms preparatory to surgery. Ligation of the superior thyroid arteries either singly or at two sittings under local anesthesia is the most widely used method of handling bad cases. It is simple and done quickly, but even then occasionally some one dies from this slight interference. Berkman reports a case which died immediately following a

single injection of hot water. So it is difficult to estimate in a bad case how much may be safely done. After the ligations it is usual to wait several months until symptoms have pretty well subsided and the pulse has quieted down and the weight has increased before having the patient return for the thyroidectomy.

The use of the X-Ray is being advocated and it is claimed that excellent results follow. With its use the writer has no personal experience.

The mortality in large goitre clinics is quoted as from 2% to 3% on exophthalmics and practically none in simple goitre cases. In my own work out of approximately 100 cases, 35 of which were in people showing toxic symptoms, only one died. This death was due to a pulmonary abscess which was located and drained but in spite of which the patient died, the operative area having perfectly healed. Most of my cases were sitting up a few days after the operation and some were out of the hospital at the end of a week. In some of the first cases which I did, drainage persisted for a period of several weeks but in most of them the drainage wound was closed before they left the hospital.

The opinion appears to prevail among many of the practitioners of this section that there is great risk in advising surgery in exophthalmic cases and a sort of disposition to let well-enough alone in simple goitres. Occasionally one reads an article to the effect that surgery is never indicated in toxic goitres. Some say the results are poor, while others say that thyroidectomy does not cure the disease because the disease is as much outside the gland as in it.

Whatever the claims of those opposed, basing their opposition on whatsoever grounds, it cannot be denied that some of the most spectacular results in surgery follow this operation. From my own work alone, I have seen sufficient to convince me that surgery at the right time and under the right conditions offers the best possibilities to date. At the Mayo Clinic where I had abundant opportunity to observe and discuss cases and where thousands have been operated they claim a cure in about 87% of their exophthalmic cases, some of the remaining 13% requiring further operation.

If bad results have come in cases of hyperthyroidism in this section, it may have come about from postponement of the operation from

one cause or another until surgery was hazardous. If operation is performed at this time mortality must necessarily be high. Or, if surgical intervention is proposed without a serious effort to discover whether the toxic symptoms are increasing or declining and the surgeon proceeds with his work without placing it under his own observation to determine this fact he necessarily invites disaster. Haste is the last thing necessary in these cases. Metabolism tests are important as an aid in determining the degree of toxicity but this is not the exclusive means, for after all each must be studied as an individual and not as a series of organic tests. One of the most evident and most important signs of severe toxicity is marked cerebral stimulation. This, of course, is relative in the mind of the clinician and presupposes a certain intimacy with a large number of cases of varying degrees of toxicity. Reliance in my cases was placed on clinical manifestations and the case operated or postponed on that basis. In some cases postponement was because of excessive nervous symptoms and in others, where the nerve symptoms were not the predominating feature, to ease up on an overworked heart. The following two cases illustrate these points, the first one showing quite marked toxicity and the second not so toxic but a more or less permanently impaired heart with moderate nervous and mental symptoms.

CASE I. Mrs. M. W., 50 years old, goitre for many years. Toxic symptoms first appeared several years before but in 1917 were quite serious. She lost considerable weight and was put on medical treatment by her physician and kept very quiet. After several months the symptoms subsided. Another exacerbation occurred in the spring of 1918, and on June 1st, 1918, she consulted me for the first time. Very nervous, under considerable mental stress, pulse running about 120, face flushed, tremor, eyes quite prominent, a fairly sizeable bitateral enlargement of the thyroid. She was very thin and stated she was losing weight constantly and had now lost about 40 pounds. She appeared fatigued but wanted an operation right away. She reluctantly consented to go home and go to bed for a month as I was leaving for a month's vacation. On July 15th, the operation was performed under combined ether and local anes-

thesia, her pulse having steadied down to below 100 and the general indications being now better. Her post-operative exacerbation of symptoms was very marked but she made a good recovery, left the hospital in 10 days with a pulse of 80 and in six weeks regained her 40 pounds.

CASE 2. In January 1920 I was asked to operate upon a case of exophthalmic goitre in Framingham. She had been under the observation of the resident physician of her institution for a year. She had moderately marked toxic symptoms, prominent eyes, a fairly sizeable bilateral goitre, and carried a pulse of 120 up and around the ward. After keeping her in bed a month her pulse was 80. I could not now notice any murmurs but when she had a more active pulse, a murmur over the precordia was distinctly audible. The night before the operation she learned from her neighbor in the ward that her operation was booked for the next morning. Her pulse jumped up to 120 that evening and remained so. This is quite a common experience. Even though the mental excitement of the coming event passes away with sleep, the heart once being stimulated keeps up its activity as it did in this case all night.

Her operation went along nicely and aside from considerable mental alertness did not show bad post-operative symptoms but her heart was very excitable for a few days, returning to a state of rest very slowly. Here we were dealing with a heart which was more or less permanently impaired before operation as shown by the great delay in quieting down—a period of about six weeks—while in the first case the heart was rapid and quieted down as soon as the nervous and mental symptoms disappeared.

Regarding simple goitres, it is true that many do not need operation but it is also true, as said before, that any goitre may at any time take on toxic symptoms. Since simple goitres even though very large are safely removed, it is justifiable to advise operation. The following two were cases of simple goitre which later on showed toxic symptoms, the first a colloid and the second a goitre of adolescence.

CASE 3. Mrs. T. B., age 40, goitre for many years, size of a large orange, unilateral. In the spring of 1916, she showed mild toxic symptoms and was advised to have a thyroid operation.

She declined. In the spring of 1917 similar symptoms returned and she promptly reported although she had now lost about 10 or 15 pounds, and was very nervous and showed fatigue quite plainly. As the case was seen quite early and was quite closely under my observation because of nearness of residence, operation was again urged and accepted. She entered the hospital Sunday evening and returned home for the next Sunday's dinner. All toxic symptoms disappeared and she grew heavier in weight than ever, felt fine, and remained so for the remaining years that I saw her.

CASE 4. An adenoma of adolescence showing toxic symptoms on two successive occasions: Miss E. B., age 20, goitre since soon after puberty. In spring of 1918, showed extreme nervous symptoms, loss of weight and some tachycardia. She was given neutral bromide of quinine and iodine for a long time, the symptoms finally subsiding after several months, only to return again in April 1919. As soon as it was noticed by her mother she came to me and arranged for operation which was performed after certain preliminary observations. She made a good recovery after a double partial thyroidectomy. Nervousness had disappeared early after operation but her lost weight returned very slowly. Since I left Minnesota she wrote that she has gained 45 pounds, going from 120 to 165, from April to November, and that she never felt better.

The choice of anesthetic may be local, rectal ether, ether by the usual method, or combined local and general anesthetic. No one method should be used exclusively. It has always seemed to me that if the patient was to be subjected to a thyroidectomy that she should be able to stand a light ether. If she is too toxic to stand a light ether, she is also too toxic to stand a radical surgical operation. The combined local and general is the ideal anesthetic. The local alone is sometimes given, more in the east than in the middle west.

The opinion of those who do large numbers of goitre operations confirms my own, that usually,—not always—it is better to use ether, as the advantages outweigh the advantages of local anesthesia. Practically all of my cases

have been done under rectal, general or the combined local and general anesthesia.

OPERATIVE TECHNIC: A dose of morphine ($\frac{1}{4}$ gr.) and atropine (1/150 gr.) a short time before operation is helpful. The patient is placed in the half-sitting position after being etherized. A transverse collar incision is made through skin and platysma and this flap is dissected back as far as the thyroid cartilage. Large anterior veins are divided and tied. The median line of the neck is sought and the two sternothyroid muscles separated. Sometimes in large cystic goitres this line between these muscles is pushed to one side. Next the finger is passed under these muscles and they are separated from the underlying tissues. They may now be clamped and divided or retracted to one side. This exposes the anterior surface of the gland; the capsule is torn through and the gland is lifted out of its bed. The superior thyroid vessels are clamped and cut. If these are difficult to get at, a little traction downward on the gland will put them on the stretch and bring them into view. With these divided the gland can now be dislodged downward. Then by drawing the gland toward the trachea it brings into view and puts on the stretch vessels along the middle of the out border appearing from under the sterno-mastoid which is retracted out of the way. Then in a like manner the vessels coming up from below and entering the lower pole of the gland are brought into view, clamped and cut. Now one of two procedures is carried out—either shell out the whole lobe by keeping inside the capsule so as to avoid injury to the recurrent laryngeal nerve and to spare the parathyroids, or leave a portion of the posterior surface of the gland in order to be sure of avoiding these structures. The edges of this posterior portion can then be brought together to close over the raw surface with a continuous suture of catgut which also stops bleeding in this cut portion.

The same technic is carried out on the opposite side and then all bleeding is stopped, paying attention to even slight oozing. The divided muscles are then resutured and sutured together in the mid-line of the neck. A rubber drain is left through a stab wound under the suture line, the skin flap is sutured

in two layers, platysma first and then skin by a continuous catgut subcutaneous layer.

Large cystic goitres have very large surface veins which if torn bleed freely but this can be avoided by locating these first and clamping them. A large goitre will come out easily if it is taken methodically. It is bound down only by its blood vessels so that after they are placed on the stretch and clamped and cut the tumor is easily dislocated from its bed. Some goitres bleed very easily and freely if forceps are caught into the gland surface. Sometimes this has to be disregarded for the time being as the more one clamps the more bleeding is stirred up.

Avoidance of bleeding and trauma is important from the standpoint of avoiding post-operative exacerbation of symptoms. A husky voice following operation for a week or so does not mean anything serious. Post-operative tracheitis is common, also a swelling of the skin flap, both of which seem to come from altered venous circulation. Infection takes place rather easily and a post-operative discharge may persist for a long time. I have noticed much better results by using plain gut exclusively throughout the operation than when I used plain and chromic.

The post-operative treatment is simple. Drainage tube is left in for 24 to 48 hours sometimes only a few hours. In toxic cases it is important to watch the action of the heart. Another important point is that most exophthalmic cases have a severe post-operative exacerbation of symptoms, particularly nervous symptoms. Some of them behave as badly as a bad case of delirium tremens as far as nervous state is concerned. They repeatedly try to get out of bed; keep shifting from one side to the other and sliding up and down in the bed. The heart may act violently. The estimation of this acute upset is important in determining the extent to which a patient may be operated upon and the time for operation. The additional post-operative load may be just sufficient to produce a fatal outcome. The danger lies in the first 24 hour period after which time the chances for recovery are usually good. Most post-operative deaths occur during this interval. I generally use a little morphine to keep them as quiet as possible and digitalin

for heart stimulation during the time of increased excitation.

In conclusion it seems fair to say that cystic goitres and adenomata can be operated upon safely, and no hesitation is necessary in simple goitres. The results should be as good as in chronic appendicitis cases. If recognized operative principles are carried out there is practically no danger. The adenoma of adolescence should be treated first along medical lines. Toxic goitres should be operated upon when sufficient study has been given to determine the type; what turn developments are taking and when medical treatment or ligations or other pre-operative treatment have placed the patient in most favorable condition for operation. To rush a toxic case to operation may spell disaster but it is also unjust to the patient to hold on interminably under medical treatment until conditions are very bad and then preach surgery. When the acute exacerbation has passed is the golden opportunity.

LETTERS TO THE EDITOR.

TO THE EDITOR:

February 19th saw us on another thousand mile trip to Manila and by this time we were so accustomed to great distances that we were speaking of them not in miles but in thousands. As Americans we know but little of the Philippines and do not appreciate their value, their enormous economic productions or their strategic position, but every day since leaving the United States, we have been impressed with the growing power of the Japanese, and of what it would mean to them to have possession of these islands. Our stay of eight days gave us an opportunity to see some of its resources, to visit the rice and sugar plantations and a trip some hundreds of miles in the north of Luzon, a chance to see some of its natives in their original state. The Igorots, once a warlike tribe in northern Luzon, are now rapidly becoming educated and civilized, although they still persist in their former manner of dress and mode of life. At last we reached the first stage of our visit to the Orient and entered China at Hong-kong and now for the impressions.

Kipling in one of his poems says—

"It is not good for the Christian's health
To hustle the Arian brown
For the Arian smiles as the Christian riles
And he weareth the Christian down.
And the end of the fight
Is a tombstone white
And the name of the late deceased
And the epitaph dreer
Is a Fool lies here
Who tried to hustle the East."

The truth of this was evident from the first day in China. Everything was reversed and exactly opposite to what we were accustomed to see.

China is choked with the most ludicrous incongruities which must be assimilated before there can be an appreciation of a really wonderful country and more wonderful people. They reckon time as occurring in such and such a year, and of such and such an Emperor, by a "time style" which is frequently changed. Tomorrow means any day in the near future and hours are expressed as the time it takes to "drink a cup of tea", to "shave your head" or to "burn a joss stick".

North and South China are as different in language as France and England, and the Manchus, the Mongol and the Chinaman are very different folks. The central authority at Peking does business with the outer world but that is not China, and its real problem is the lack of a common language. Seven different languages, not including a score of dialects, are spoken in China, and natives of one province are unable to converse with those in another. As a result there are scores of petty mandarins with kingly powers and in addition there are three distinct written languages.

Owing to the absence of railways, the rivers and canals have played a prominent part in the creation of these special populations and the Junk and Sampan dwellers might almost be said to form a race in themselves, for millions of these dwell entirely on these little crafts, often less than 15 feet in length. They marry, rear families and many never from birth to death sleep elsewhere than on their boats, curling up like a bunch of puppies on the deck or crawling into a small cuddly hole below the short bamboo deck. In this tiny space the whole domestic life is carried on, birth, sickness and death, all take

place without privacy, under the small matted shed, about six feet by four. They are a cheery race, usually devoted to their families and children, although girls are unwelcome.

At Hongkong there is an estimated population of 200,000; at Canton 250,000; and Shanghai 100,000, and when one considers that there are several thousand miles of navigable rivers in China and nearly a thousand miles of the grand canal all teeming with boat-life, some idea of this phase of Chinese existence may be imagined.

The homes of wealthy Manchus contain priceless embroideries, exquisite bronzes and wonderfully carved ivories, while both men and women adorn themselves with gorgeous robes. Such a house was visited at Macao and every room was a constant source of delight. In town the poorer population is packed in rows of narrow streets like sardines in a box. They are not provided with heating or cooking apparatus save a brazier of charcoal. Oiled paper takes the place of glass in windows; the partitions are bamboo screens. There are no pictures nor decorations save the family coffin which has a place of honor in every Chinese home.

Clothing when worn is of the universal ramie cloth and has no style, being considered bad taste to reveal the shape of the body. Men marry young and there are no bachelors, and while monogamy is the rule, one may take as many concubines as he wishes. No woman may remarry. As a wife she is the slave of her husband and what is more dreadful, a slave also to her mother-in-law, who is by far the most important part of the Chinese household. The position of the wife, is, however, improved by the advent of a son and she is only regarded in any other light, when she also becomes a mother-in-law and vents her spleen on the young bride, much as sophomoric chastisement is handed down to the freshmen, who in turn punish future freshmen.

Failure to bear children is considered a cause for divorce, but over-talkativeness or "too muchee Choberry" is more potent. Men and women do not eat together, her clothes must not hang on the same hook, nor should she ever occupy his chair. Altogether, the life of a Chinese woman is not over happy. Foot binding, although on the decrease, is still prevalent and the Chinese are wont to say that compression

of the foot affects no vital part, whereas tight corsets may produce grievous results.

The birth of a child is attended by strange ceremonies, no clothing being provided other than that of its relatives. At one month the child receives its milk name, but subsequent birth-days are not observed until after his marriage, often at the age of 16, and this custom allows the girls to be any age they wish until married. A convenient thing for some of the maidens in our own land.

The "baby tower" is still in use where undesirable female infants are placed on a ledge outside a small window of the tower and allowed to perish, unless pushed off by some other hard-working parent, who also has a girl to dispose of.

One suffers greatly from the cold. There is no means of heating, save miniature grate fires, and it was a source of amazement to me to find the coolies clad in a shirt and trousers, and barefoot, as indeed, are most of the inhabitants; yet they did not seem to suffer as did we in heavy clothes.

Fortunately we were not confined to Chinese food, but in our strolls about the markets of Canton we saw exposed for sale, rats, entrails, cockroaches, eggs as black as tar, which had been buried for years in the earth. They make an especially attractive soup from pigs bladders containing residue urine. Birdnest soup and pudding and shark fin soup are great delicacies.

The modes of conveyance are also unique. Rickshas, palanquin chairs, wheel-barrows vie with automobiles and it is a sight for sore eyes to see Peters and myself borne aloft on the shoulders of four big coolies, gaily promenading the boulevards.

In commercial life the Chinese are past masters, but withal honest and a Chinaman's word is as good as gold. Every purchaser soon finds that the first price quoted for an article is merely by way of introduction and unless you haggle and beat him down he does not consider you a good client. One day while with a guide I priced a Canton water pipe. Five dollars, he said, was the lowest he could sell it for and keep out of the poor house, and he let me go on without consummating the purchase. The next day I strolled casually by and pointing to the pipe, I offered him a dollar. After some haggling he

took a dollar and twenty cents. The same is true of all commodities, one ultimately pays about one half the asking price, and even then we pay twice as much as the article is really worth.

Trade unionism is a modern theory, but there are guilds in China, thousands of years old. Even beggars have a guild with chiefs and rules of procedure, and all vendors of one class of goods are grouped in the same street. If a member of a guild cuts prices or breaks some of the rules, the beggar guild is called upon and they patrol the street in front of the door of the offender and make themselves so obnoxious to intending purchasers that they are soon glad to come to terms. The abacus is universally used in computing, and with it they are wonderfully adept and quick in doing their mathematical calculations. They will give you the sum of a number of articles quicker than you can write the various items, but it is wise to take their prices with a grain of salt, for there are currencies and currencies in every province, big money, little money and daily quotations on exchange which are very confusing to the occidental. Some of their bills are curious specimens, thus one I saw rendered for the manufacture of a wooden box was—

Wong Hing.

Two boxes to order.....	\$5.00
One wood do.....	2.50
One wooden do.....	2.50
	<hr/>
	2.50

Translated into English it reads—

Two boxes to order,
One would do
One wouldn't do and the price of one box was \$2.50.

Another was for a horse hire—

Chee Lung.

Asofadd	\$5.00
Asosier	3.50
Alakimomagen	1.00
	<hr/>
	5.00

again translated it was—

A horse feed.....	50
A horse hire.....	3.50
Taking him home again.....	1.00
	<hr/>
	5.00

At the hospital fever was described as "b'long inside too muchee hot"; up stairs is "topsides"; down is "bottomsides"; at home is "got". So that asking if Mr. A. is at home, one says "Master got". If not at home, he says, "Master

no got". After trying to talk "pidgen" to one of the coolies, one wonders if he ever will be able to converse with friends when he reaches home.

In the streets are seen hawkers of every sort, selling bird cages, cockroaches, letter writers, barbers and dentists, and to-day I saw a D. D. S. pulling worms from the teeth of a coolie, at least he said he was and the coolie believed him.

To a foreigner, the outstanding characteristic of Chinese art is imitateness. The Chinaman is extraordinary in the deftness of his fingers and reproduces articles of virtu with great exactness. The bronzes, lacquer and native china are peculiarly rich and beautiful and time is not considered in gaining the perfection they desire. An embroidered table spread which was sold for \$90 represented three years of labor and in making the inlaid gold work it is hammered into the bronze with infinite patience. These rarer specimens of Chinese art are not displayed to the casual customer, one has to gain the confidence of the merchant before he brings out his rarer treasures. One shop in Canton makes wonderful jewelry by dusting minute feathers on silver, held in place by glue, and then covered by a transparent lacquer. The final result is a mass of color and a wonderful representation of animal life or vegetation. Another paints on the thinnest rice paper. Carved ivory, amber, silks and embroideries so charm the tourist that he has to leave his money at the hotel to avoid constant buying.

Shanghai, China,
March 14, 1920.

F. T. R.

TO THE EDITOR:

Another new impression is added to my list. China is one vast grave yard. The ride from Shanghai over 800 miles is through level plain, dotted on either side as far as eye can reach with the curious dome shaped mounds where the Chinese bury their dead and worship their ancestors. Every available inch of land in and around the graves is under cultivation. In a strip some 800 miles long and 400 wide, save where there are villages or graves, there is no waste land. China can supply the world with wheat, if modern methods are used. The land is fertilized by winter growing nitrogenous plants and ashes are sowed by hand in drills,

cultivated by large hoes and rakes, watered by carrying from wells or rivers, in water boxes strung over the shoulders of the coolies, cut by hand in little tufts of grain and threshed by flails. There are millions of men who do this, and the aggregate is of course, very large.

After riding 24 hours in a Chinese sleeper and eating Chinese cooking, I am not surprised that there are so many graves. The Chinese are poverty stricken and filthy, but industrious. Some of the bundles of rags we have met seem scarce human. Beggars abound and cripples are everywhere. At Shanghai when the ship came to anchor, we were immediately surrounded with sampans and great nets were spread over the outlets for sewage from the ship and every bit of garbage from the kitchen and all refuse from the toilets was carefully collected and spread upon mats to dry.

Peking has the oldest newspaper in the world, the Peking Gazette, but journalism is not very remunerative. A rough copy will pass from hand throughout an entire section. Moreover, on the streets are public readers who for a little cash will read aloud to the assembled crowds. The issues are irregular, reminding me of the publications of the State Board of Health, and like that journal in past days, they are freely used to pay off personal grudges,—a legitimate proceeding in China. A recent issue contains this advertisement: "This Gazette will contain all that it is fit to know, therefore all will hasten to purchase it.—Nothing political or trifling will be permitted to appear and all jokes, detraction of character, improper discussion of State affairs and all things strange and impossible will be rigorously excluded. Bribes will not be permitted".

The Chinese are very fond of flowers, and often amidst surroundings of filth, with garbage scattered about, there will be a profusion of flowers, diminutive shrubs and plants trained in fantastic shapes with charming bridges over minute streams and a microscopic rookery producing a great contrast with its general surroundings. Azaleas, poinsettias, jasmine and oleanders are in profusion, although there are no flower festivals as prominent in Japan. This idea of beauty, is different from ours, exact patterns and the trimmings of hedges into shapes of animals is peculiarly Chinese, but in view of

their general superstition regarding devils and spirits the trend of their gardening is easily understood.

There is no religion in China, and their general "isms" exist side by side, beside the numerous llama temples. Confucianism is a system of moral philosophy, that commends itself even to the occidental. Its gospel is contained in the classics which every educated Chinaman spends most of his life in learning or at any rate did spend most of his life. With the abolition of the examinations in 1906 many of the formalities of obtaining a degree have been done away with. On it was grafted the ancestor worship, which forms a part of every Chinaman's life and their reverence and worship is more like a national memorial than a religious service. It involves a good deal of kowtowing and the burning of incense. At Nanking, where we had an opportunity of witnessing worshippers at their devotions, their obeisance was followed by the shaking of a box containing a number of sticks. When one fell out it was handed to a priest who took a corresponding paper from a rack which was an answer to its prayer. Sometimes they are dissatisfied with the result and transfer their devotion to another image, hoping to get a better answer to their prayers.

Taoism is more of a religion and when a Chinaman comes to the point of death, he relies more on its priest than he does on Confucianism.

Buddism is found everywhere, the pagodas being constructed in the peculiar form so often seen in pictures, but few are of recent date. We have visited several that antedate the Christian Era. On the whole, I had rather have one Chinaman, than a score of Japs, and I doubt if a letter mailed in Japan which expressed my real sentiments would reach you, for they are a suspicious lot, with a rotten postal service. It is an every day occurrence for mail to be opened and read to see if national secrets are touched upon and if so the letters are suppressed. This will be my last opportunity to send mail without going through Japan, for we are on our homeward trip. Six weeks in Japan and we sail for the good old U. S. Never before was I such an ardent American. No news has reached us of political doings, at home, but we still shout for Uncle Sam.

Peking, China.
March 20, 1920.

F. T. R.

THE RHODE ISLAND MEDICAL JOURNAL

Owned and Published by the Rhode Island Medical Society
Issued Monthly under the direction of the Publication Committee

ROLAND HAMMOND, M. D., *Editor*
219 Waterman Street, Providence, R. I.

W. A. RISK, M. D.
Business Manager
219 Waterman Street
Providence, R. I.

WILLIAM F. BARRY, M. D.
ASA S. BRIGGS, M. D.
ALEX M. BURGESS, M. D.
CHARLES S. CHRISTIE, M. D.
JOHN E. DONLEY, M. D.
J. W. LEECH, M. D.
NORMAN M. MACLEOD, M. D.
F. T. ROGERS, M. D.

*Associate
Editors*

Committee on Publication

ROLAND HAMMOND, M. D., *Chairman*
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JESSE E. MOWRY, M. D.
J. W. LEECH, M. D.

Editorial Correspondence, Books for Review and Exchanges should be addressed to the Editor; Advertising Correspondence to the Business Manager.

Advertising matter must be received by the 10th of the month preceding date of issue.

Advertising rates furnished upon application, to the business manager, W. A. Risk, M. D., 219 Waterman Street, Providence, R. I.

Reprints will be furnished at the following prices, providing a request for same is made at time proof is returned: 100, 4 pages without covers, \$6.00; each additional 100, \$1.00. 100, 8 pages, without covers, \$7.50; each additional 100, \$2.80; 100, with covers, \$12.00; each additional 100, \$4.80. 100, 16 pages, without covers, \$10.50; each additional 100, \$3.00; 100, with covers, \$16.00, each additional 100, \$5.50.

SUBSCRIPTION PRICE, \$2.00 PER ANNUM. SINGLE COPIES, 25 CENTS.

Entered at Providence, R. I. Post Office as Second-class Matter.

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Meets the first Thursday in September, December, March and June

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HERBERT TERRY *1st Vice-President* Providence
GEORGE S. MATHEWS *2d Vice-President* Providence
JAMES W. LEECH *Secretary* Providence
HENRY J. HOYE *Treasurer* Providence

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NEWPORT

Meets the third Thursday in each month

A. F. SQUIRE *President* Newport
A. CHACE SANFORD *Secretary* Newport

PAWTUCKET
Meets the third Thursday in each month excepting
July and August
E. J. MATHEWSON *President* Pawtucket
CONRAD E. THIBODEAU *Secretary* Pawtucket

PROVIDENCE

Meets the first Monday in each month excepting
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Meets the second Thursday in January, April,
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JOHN CHAMPLIN *President* Westerly
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Meets the second Thursday in each month excepting
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R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President
Dr. Frank J. McCabe, President; Dr. C. J. Astle, Secretary-Treasurer.

EDITORIALS

THE INDUSTRIAL NURSE.

The State Board of Health has taken a commendable stand in its notice to nurses employed in large industrial plants for the care of injured employees, calling their attention to what amounts to violation of the Medical Practice Acts in certain instances. These nurses have a great opportunity and are doing a great conservative work, but occasionally and certainly often enough to warrant a warning, they go without

their sphere and treat cases which should be handled only under the actual supervision of the physician in charge of the First Aid Room. Her activities should be confined to carrying out the instructions of the physician and too great latitude in her work should not be given by those physicians who are placed in charge of industrial dispensaries. The prescribing for workmen confined to bed by illness is certainly not within the rightful sphere nor within the professional attainments of an industrial nurse and is capable of more harm than good.

THE MENTAL DEFECT.

Our conception of the chief function of a School for Feeble Minded in its broadest sense is the protection of the community from the results of acts of the mental defect rather than the protection of the unfortunate individual, however desirable this may be.

If this premise be correct, it is difficult to account for some of the rulings of the Penal and Charitable Board or its agents. For example a young girl, obviously a mental defect and so found after examination by a competent psychiatrist is refused admission because her father and mother, dead or unknown for nearly fifteen years, were not residents of this state, though the only home the child now has is with an aunt resident of Rhode Island. While such a ruling may be in strict accordance with the law, it opens up the interesting speculation as to what the ruling will be when the Board has to decide what shall be done with the progeny of such a case, if such a one be not safeguarded against acts which her mentality cannot guard against.

CHRONIC CASES AND IRREGULAR PRACTITIONERS.

Within the last month this community has been treated to a spectacle which, if it were not for the evident sincerity of those supporting it, would have been considered almost charlatanism. We refer to the recent advent of a member of one of the prominent denominations, who claimed unusual powers of healing by the laying on of hands and prayer. His claims to successful therapeutics along these lines seemed to be based largely if not solely upon a reported case of cure of a facial tic some twenty years ago. While in no wise depreciating the value of a contented and hopeful frame of mind, such as is imbued by faith and prayer, nor denying its aid in restoring the sick to health, nevertheless, such demonstrations are surely a potential, if not an actual source of danger to sick people, by reason of the delay and lapse of time, during which those "treated" wait for their expected cure. It is a fact well known to physicians that many chronic ailments undergo periods of betterment without any treatment at all, but with recessions that leave the patient always a little

worse off. For example, an individual suffering, without knowing it, from chronic simple glaucoma will experience "good" and "bad" days. Should such a case follow the advice as given by this clergyman not to expect an immediate cure, but to continue in the faith and to pray diligently, much valuable time would be lost, and vision sacrificed. Again the child with residual paralysis from anterior poliomyelitis would lose golden opportunities to educate his synergic musculature, if time were spent waiting for the cure pronounced by the healer.

To the medical profession, lack of interest in chronic diseases, can be traced in large measure to the appearance of such healers, cults, chiropractors and enthusiastic testimonials of their help by these chronic cases, which the physician, having made a diagnosis, promptly drops, because, forsooth, he has no cure. These cults at least give the patient something—hope, encouragement, faith, which are or should be in every physician's armamentarium. So much can be done in incurable cases by relieving symptoms, and physicians fail in their duty where they coldly disregard the chronic case and pass it on to whatsoever irregular healer may be encountered. The physician owes it as a duty not only to his chronic patient but to the community to endeavor to lighten the burden of the chronic case, even though a complete cure be admittedly impossible.

"—AND YOUR YOUNG MEN SHALL SEE VISIONS, AND YOUR OLD MEN SHALL DREAM DREAMS."—ACTS ii: 17.

In his annual report delivered at the last meeting of the House of Delegates, the Secretary of the Rhode Island Medical Society urged the necessity of stimulating increased attendance at the quarterly meetings of the Society. At the same meeting the personnel of certain standing committees was changed, and younger men who had served on these committees were replaced by older men. These two statements seem to us to have a direct relation to each other and a bearing on the Secretary's words of omen. There may have been good and sufficient reasons for these committee changes, and we are convinced that the men selected are eminently qualified for the positions to which they were elected. They will serve the Society faithfully and well.

As a general rule the policy is not a wise one to serve as a precedent. The way to promote interest in a medical society and stimulate attendance at meetings, as in any other society, church, fraternal order or club, is to keep it young. Encourage the younger men to take part in the hack work of the Society as well as ask them to contribute to the literary programs. The older men have had their full share of carrying the burdens of committee work. They have served faithfully and well for many years, and it is unfair to them as well, to continue to appoint them to these positions when younger hands can easily be found to do the same work. We need the older men for counsel and advice, give the more thankless tasks to the younger men.

LETTER TO THE EDITOR

To the Editor:

THE MARYLAND PLAN AGAIN.

The writer has been anxiously awaiting some word from the Rhode Island Medical Society relative to the noble and patriotic action taken by that body in April, 1917, when they so magnanimously offered to reimburse in part the fellows who placed duty above pecuniary consideration and went forth to do their bit.

Those noble fellows who so boldly marched in the Preparedness Day Parade staked their money in Liberty Bonds and remained behind to Keep the Home Fires Burning certainly did their bit well. They are welcome to all the glory that went with their action.

We admit it is a delicate problem to handle with kid gloves, but is it any more delicate than the "sang froid" manner in which our colleagues of this noble profession lived up to their pledge? I met hundreds of physicians in the service who made real sacrifices and left behind practices of considerable magnitude, but in only a very few instances do I know of men left behind as Keepers of the Faith who calibered up to any appreciable size. I personally know of one case in which a fellow physician, a member of this society, left in charge of an institution, actually allowed himself to be elected physician to that institution and refused to reimburse the doctor in the service as he agreed to do.

In regard to complicated bookkeeping, I grant that the number of new patients accruing to the

clientele of many "stay at homes" must have necessarily meant "Some bookkeeping."

We who entered the service, most reluctantly enter into any controversy in regard to the whole matter. How well we were remembered by our medical representatives at home "We Know."

If this society stands for anything other than the routine action of medical societies in general, it seems to me that they had better expurge from the records the action taken, instead of closing the whole affair with the brief comment, "C'est la guerre."

So far as the writer is concerned the matter is closed. It is now up to the society.

* * *

SOCIETY MEETINGS

RHODE ISLAND MEDICAL SOCIETY.

MEETING OF THE COUNCIL.

A meeting of the Council was held May 20th, 1920, at the Rhode Island Medical Library.

The reading of the minutes were omitted, by unanimous vote, as they had been published in the RHODE ISLAND MEDICAL JOURNAL.

The Treasurer's report was read by Dr. Henry J. Hoye, as appended.

It was moved and seconded, that it be recommended to the House of Delegates that the salary of the Librarian be increased to \$100 per month. It was also recommended that the Janitor's salary be increased to \$36.00 a month.

Adjourned at 4:25 p. m.

J. W. LEECH, M. D., *Secretary*.

Meeting of

HOUSE OF DELEGATES.

The House of Delegates met May 20th, 1920, immediately after the meeting of the Council. Dr. Mowry, First-Vice President presided, and there were present Doctors Day, Metcalf, Risk, Chapin, Welch, Mathews, Cooney, Hoye, Brown, Hindle, Matteson, Spicer, McKenna, Keefe, Briggs, White, Hammond and Leech. After the minutes of the previous meeting had been read by the Secretary, and approved, the election of officers took place with the following results:

President—J. E. Mowry.

First Vice-President—Herbert Terry.

Second Vice-President—George S. Mathews.

Secretary—J. W. Leech.

Treasurer—H. J. Hoye.

Committee of Arrangements—Raymond G. Bugbee, Charles McDonald, Treasurer.

Legislation, State and National—C. V. Chapin, F. N. Brown, D. L. Richardson, President, Secretary.

Library—G. S. Mathews, H. G. Partridge, J. E. Donley.

Publication—R. Hammond, F. T. Rogers, J. W. Keefe, President, Secretary.

Education, State and National—J. H. Ladd, E. A. Stone, Henry Hall, President, Secretary.

Curator—W. J. McCaw.

Necrology—C. H. Leonard, W. R. White, B. F. Tefft.

Auditor, one for two years—J. F. Hawkins.

The Treasurer's report, upon recommendation of the Council, was adopted as presented. On recommendation of the Council, it was voted that the Librarian's salary be increased to \$1200 per year, that the salary of the janitor be increased by \$36.00 per year.

The annual report of the Secretary was then read:

ANNUAL REPORT OF THE SECRETARY, 1919-20.

I beg leave to offer herewith a review of the Society's activities and condition for the past year.

Quarterly meetings have been held, that in September being held at Memorial Hospital, Pawtucket.

The membership roll of the Society is as follows: Active members, 400; Non-resident, 24, Honorary, 9.

Three new members have joined during the year, four have resigned, and the following have died: Dr. George D. Hersey, September 28, 1919; Frank B. Fuller, January 23, 1920; Harry W. Kimball, March 21, 1920; James M. Bodwell, March 25, 1920.

Largely through the initiative of Drs. Roland Hammond and W. A. Risk, the RHODE ISLAND MEDICAL JOURNAL, which was forced to suspend publication after the issue of September, 1918, resumed its regular monthly appearance.

The question of a change in the hour of meetings has been broached from various quarters. In view of the somewhat meagre attendance at the quarterly meeting, it seems desirable that this subject be given serious consideration. The sentiment of the members could best be elicited by a questionnaire in regard to this, and from the

returns this body would be in a position to decide for the majority.

The reports of the chairmen of the Standing Committees were next presented. Dr. B. H. Buxton, of the Committee of Arrangements, reports that the arrangements for the Annual Dinner had been made to be held at the Turks Head Club immediately after the Annual Meeting.

Dr. G. S. Mathews, for the Committee on Library presented the following report:

From June 1, 1919-May 18, 1920. The Library received 407 bound volumes, reprints 127, pamphlets 272. Visitors at Library, 1714. Donations were received from RHODE ISLAND MEDICAL JOURNAL, Rhode Island Ophthalmological Society, Rhode Island State Library, United States Government, American Academy of Ophthalmology and Oto-Laryngology, American College of Surgeons, American Gastro-Enterological Association, American Laryngological, Rhinological and Otological Society, Association American Physicians, Carnegie Endowment for International Peace, College of Physicians, Philadelphia; Connecticut State Medical Society, Massachusetts General Hospital, Parke, Davis & Company, Providence Public Library, Rockefeller Foundation, Royal College of Physicians, London; Section Genito-Urinary Diseases, American Medical Association, State of Pennsylvania, San Diego Chamber of Commerce, San Diego, California; Woman's Hospital, State of New York, Sir Humphrey Rolleston, London, England; Dr. Charles A. Barnard, Centredale, R. I.; Miss Ruth Ely, Providence; Mrs. Harry W. Kimball, Providence. Also from the following Fellows—H. P. Abbott, C. V. Chapin, J. E. Donley, G. W. Gardner, G. S. Mathews, H. Terry, J. A. Webb.

Dr. Hammond, for the Committee of Publication, reported that after several meetings of the committee it was decided to resume publication of the RHODE ISLAND MEDICAL JOURNAL on January 1st, 1920. Dr. W. A. Risk was appointed business manager. Dr. Hammond reported his resignation, as Editor of the JOURNAL and as one of the Publication Committee, to take effect not later than December 31st, 1920. He stated that his action was due to the failure of interest on part of the district societies to furnish material for publication in the JOURNAL. He has experienced the greatest difficulty in getting ori-

ginal articles, as many of the papers presented before the Society are delivered by note and not available for publication.

The report of Committee on Publication and Dr. Hammond's resignation were accepted.

Dr. Phillips, for the Committee of Necrology, reported as follows:

The Committee on Necrology present the following report for the year 1919-20. Dr. George Dallas Hersey, born August 12, 1847, died September 28, 1919. Dr. Frank B. Fuller, born August 28, 1853, died January 23, 1920. Dr. Harry W. Kimball, born January 17, 1868, died March 21, 1920. Dr. James M. Bodwell, born April 13, 1868, died March 25, 1920. Dr. Henry K. Gardner.

Under the head of new business, Dr. F. N. Brown called attention to the lack of attendance on the part of the medical profession at the recent legislative hearing in re the so-called Chiropractice Bill.

Adjourned.

J. W. LEECH, M. D., *Secretary.*

THE LIBRARY TABLE

THE FUTURE OF MEDICINE. By Sir James Mackenzie. London. Oxford Univ. Press. 1919. Pp. 223.

There are books one reads for pleasure, others by reason of duty and yet others because one cannot afford to pass them by. These last are rare books, and among them is Sir James Mackenzie's *Future of Medicine*. It is in varying degrees critical, autobiographical and prophetic, embodying the matured thoughts of a man now in the evening of his days, who is what Aristotle said every practitioner of medicine should be,—philosopher as well as physician.

The main drift of the author's argument is this:—that disease progresses by a gradual development and so may well be pictured as consisting of four stages, the predisposing, the early, the advanced and the final. Now the evolution of medical knowledge has hitherto been such that, thanks to pathology, ample provision has been made for the study of disease after it has maimed or killed its victims. And it must be recognized that this knowledge is, to all intents and purposes, restricted to the

recognition of disease when it has advanced so far as to have damaged the tissues, a stage which, except in rare instances, does not permit of our attaining one of the chief aims of medicine—cure. The result has been that whereas some men undergo a long and special training to enable them to recognize the appearance of disease after the patient has died, and other men undergo equally careful training to enable them to recognize disease after it has damaged the tissues, few or no attempts are made to train men for the detection of the disease when there is a hope of cure. Thus we have developed a medicine which prides itself on the detection of physical signs. But we have failed to study with sufficient care and insight the earliest warnings of disease—the patient's symptoms. The man who has the opportunity to do this is not the hospital physician or the consultant, but the general practitioner, and until the general practitioner takes his rightful place as an investigator, medicine will continue to suffer from a truncated development and a misdirected aim. Our present difficulties have their roots in the overdevelopment of specialism. As Trousseau long ago remarked, we are prone to lose ourselves in an abyss of infinitesimals, or as the late Professor Osler said in his last Address, the workers lose all sense of proportion in a maze of minutiae. The older physicians studied the individual as a whole, recognizing not only the more dominant signs of illness, but seeking for the more subtle signs which can be revealed only by the trained senses of a skilled examiner, or by his intelligent questioning of the patient based upon an understanding of the significance of the patient's sensations. The ideal dominant to-day, and which has to a great extent superseded this other, depends on the revelation of the signs of disease by some mechanical contrivance devised in the laboratory.

Hence it is that the diversion of research into the laboratory field, and the breaking up of medicine into sections, has rendered the solution of some of its most vital problems an impossibility. Not that Sir James Mackenzie deprecates the use of the laboratory or of mechanical contrivances, but that he sees in

their too exclusive influence a factor militating against a broadly based medicine in the future. In support of his argument the author draws upon his own extensive experience of forty years as a general practitioner. And here he writes an autobiography in parvo of his mental growth as a physician, describing how he investigated pain, how he studied irregular heart action and devised the polygraph and how he observed the actions of different drugs. Finally he lays down the principles of research and sets forth his views on the relations and correlations of laboratory and clinical methods in the medicine of the future. Whether one agrees or not with Sir James Mackenzie—of course, there will be dissent here and there—we cannot rise from the reading of his book without having received entertainment, instruction and stimulus to serious reflexion, not on our limitations only, but on our opportunities as well.

PSYCHO-ANALYSIS AND ITS PLACE IN LIFE. By M. D. Bradby. London. Oxford Univ. Press, 1919. Pp. 259.

A recent book reviewer remarks, "At this date there is no use in arguing about the merits of psycho-analysis. One either has no use for it or swallows whole everything that Freud and his disciples teach." Now it seems to us that we should accept no such dilemma, for the business of sound criticism is to take its stand upon neither of these extreme positions, but to view with an open eye for truth whatever may be presented to it, whether in psycho-analysis or anything else. The trouble with much contemporary writing about psycho-analysis is its controversial bias,—the defenders of the cult seem to regard it as almost too sacred for criticism, while its detractors frequently assume a cynical air and will have none of it. This, of course, leads to nothing but ill-feeling and the casue of science suffers accordingly. If psycho-analysis has any message to deliver, by all means let us give it a respectful hearing; we shall not be constrained to swallow whole everything that Freud and his disciples teach.

Of all the books on the subject that have come in our way, this volume of Miss Bradby's

seems to us most suitable for the reader who makes no pretence to technical expertness in the subject. In the first place, she has taken the trouble to learn the real views of the protagonists of psycho-analysis and presents them in understandable English. While her enthusiasm for the subject is obvious, she is no mere slave to Freudian hypotheses; she has vision enough to see and sense enough to say that human beings are moved by motives of sex to be sure, but that other things, the thirst for knowledge, power and beauty are also ruling passions in men's hearts.

The main divisions of the book are as follows: The Unconscious; Primitive Traits in Present-Day Thought; The Place of Psycho-analysis in Life; Light on Biography from Psycho-analysis. Each main division is subdivided and the author writes interestingly of repression, of complexes, of the interpretation of dreams, of symbolism in art and literature, and of the relation of psycho-analysis of evolution, morality and religion. As to the future she is optimistic. Psycho-analysis, she says, like education is a means of enlightenment. It enlightens man's ignorance on the subject of his own hidden and unconscious motives; it reveals to us why we act as we do, individually and socially, and it enables us to conduct our lives henceforth more effectively in accordance with our conscious purposes. When that time arrives we shall have entered upon a new epoch of human history not unlike that on which man embarked when first he became conscious of his ultimate purposes. Let us sincerely hope so. But this word "enlightenment" oppresses us. When we see it and hear it praised there always arise uneasy memories of an Age of Enlightenment in the eighteenth century whose most durable outcome was—the guillotine; and are we not trying now to escape from the hideous consequences of what we were told was another Age of Enlightenment whose most conspicuous contribution to civilization was—poison gas?

HEART PAST AND PRESENT. By Edgar Lea, M.D., M.R.C.P. Lond. New York. Wm. Wood & Co. 1919. Pp. 296.

The present work aims at presenting a case

for the more intensive clinical study of the heart. The attempt is made to elucidate the general principles upon which our knowledge of heart disease has been built up in the past, so that we may find a clue to an advance in the future. In carrying out his purpose the author adopts the historical method and begins at the beginning, describing the development of ideas concerning cardiac anatomy, physiology, pathology, semeiology and treatment from Hippocrates to Stokes. By way of orientation, this historical portion was well worth the doing because, aside from its intrinsic interest, it helps us to apprehend how our predecessors actually worked, why they succeeded, and why, in some respects, they failed.

We have noticed one or two minor errors. The author says that Galen returned to his home at Ephesus to attend the gladiators. It was, of course, to Pergamus, his native city, to which Galen went and where for a time he practiced. Again he says that the idea of correlating and grouping symptoms in relation to disease of particular organs began with Morgagni. This we are aware, is the usual statement but the truth is that long before Morgagni, an eminent physician of Florence, Antonio Benivieni (1448-1502) had done this very thing. He sought out what he called the hidden causes or diseases, and here in his own words, is the precept that guided him, "Oportet igitur medicum non solum morbum cognoscere, sed et locum in quo fit, diligentius perscrutari." Another small slip in proof-reading,—Versalius died on the island of Zante, not Zanto.

Until Ludwig made possible the graphic methods of recording the heart movements and blood-pressure, and until the later discoveries of the way of keeping the beating organ alive for indefinite periods by means of perfusion, physiologists and clinicians had small sympathy with one another; but since then they have been mutually helpful and it was the researches of a physiologist, the late W. H. Gaskell, upon the functions of heart muscle which started modern cardiology upon its career. The chemists too, are in line, so that dyspnoea, for example, has been shown to be of various origin; and even when primarily cardiac, it has been proved to be fre-

quently conditioned or complicated by perverted states of the blood. The vasomotor, vagotonic, hormonal, toxic, and infectious storms which sweep over the heart have received much study, so that with increasing knowledge we are becoming more and more convinced that the old formulas will no longer suffice and new ones are imperative.

To meet the present needs of cardiology Dr. Lea proposes to distribute his material under two headings,—the objective and the subjective cardiac abnormal. Under the objective abnormal he places the data derived from the use of X-rays, the polygraph, the string galvanometer, the stethoscope and other instruments of precision. Under the subjective abnormal he groups the patient's sensations and makes the important statement that when these can be shown to be due to the heart they are nothing more or less than cardiac failures itself. It is clear that throughout his discussion the author is shifting the emphasis from the old physical signs to the new functional values, for only when we know the heart's functional abilities can we discuss, with any approach to success, the important questions of prognosis and treatment. The tyranny of murmurs is on the wane and we burn less incense before the old idols, for example, "back-pressure," "hypertrophy," and "fatty degeneration."

Throughout this little volume the author everywhere displays not only erudition, but what is, perhaps, of more importance, excellent judgment. There are no unconsidered statements, no mistaking of words for things and no tricking out of his pages with tinsel borrowed from the work of other men. Hence the book, though small, is filled with thoughtful matter.

J. E. D.

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